

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-020910

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4740

STATE FILE NUMBER

FILED MAY 23 1962

1. PLACE OF DEATH

a. COUNTY

ST.

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN ST. LOUIS, MISSOURI

Length of stay in 1b

5 WKS

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION BARNES HOSPITAL

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

ILL.

b. COUNTY

EFFINGHAM

c. CITY

OR  
TOWN

EFFINGHAM

Inside Limits

Yes ☒ No ☐d. STREET  
ADDRESS

(If outside, give location)

EFFINGHAM

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

LOYD

Middle

E. (ROBARDS) ROBERTS

Last

ROBERTS

4. DATE  
OF  
DEATH

Month

MAY

Day

8

Year

1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3-28-94

9. AGE (last birthday)

68

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

LABORER Retired

10b. KIND OF BUSINESS OR INDUSTRY

COMMON

11. BIRTHPLACE (City and state or country)

BLAIR TWP CLAY CO. ILL. U.S.A.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

William Taylor Robards

13b. MOTHER'S MAIDEN NAME

IDA M. Greenwood

14. NAME OF HUSBAND OR WIFE

DeLla

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

ADEN ROBARDS

Address

Louisville ILL

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

BRONCHOPNEUMONIA

INTERVAL BETWEEN  
ONSET AND DEATH

2 WEEKS

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

STATUS POST-OPERATIVE CYSTECTOMY AND ILEO

2 WEEKS

DUE TO (c)

SEGMENT  
CARCINOMA OF BLADDER

181.0

5-6 WEEKS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

MARCH 30, 1962

to MAY 8, 1962

and last saw

her

him

alive on MAY 8, 1962

Death occurred at

1:45 A.M.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

C. Vermillion, M.D.

M. D.

22b. ADDRESS

BARNES HOSPITAL

22c. DATE SIGNED

5/9/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

REMOVAL

23b. DATE

5-9-62

23c. NAME OF CEMETERY OR CREMATORY

OLD Union Cem

23d. LOCATION (City, town, or county)

CLAY CO

(State)

ILL

24. FUNERAL DIRECTOR

DILLMAN

ADDRESS

Louisville, ILL

25. DATE RECD. BY LOCAL REG.

MAY 9 1962

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DOCUMENT

VS 300  
Rev. 4/59

1

281207

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52

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Frank Prohazky

Licensed Embalmer No. 4356

P. O. Address St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.